



Department of Medical Assistance Services
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Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: All Substance Use Disorder Providers, Prescribers, Managed Care Organizations (MCOs) and Magellan of Virginia Participating in the Virginia Medical Assistance Program

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 9/20/18

SUBJECT: Addiction and Recovery Treatment Services (ARTS) Updates

The purpose of this memorandum is to provide ARTS providers with several updates including:

- The link to the required Medication Assisted Treatment (MAT) survey for ARTS Intensive Outpatient Programs (IOPs), Partial Hospitalization Programs (PHPs) and Residential Treatment Service (RTS) providers – due by October 1, 2018.
- The removal of the prior authorization for preferred/formulary buprenorphine/naloxone drugs written by buprenorphine waived providers (BWP) affiliated with a Preferred Office-Based Opioid Treatment (OBOT) **and** in-network (credentialed) BWPs when prescribed in dosages of 16 mg or less per day;
- The recognition of the update to the Code of Virginia allowing certain Nurse Practitioners to practice independently from a Physician; and
- Free Monthly Buprenorphine Waiver trainings for physicians, nurse practitioners, and physician assistants.

Requirement that IOPs, PHPs, and RTS Providers Ensure Access to MAT

DMAS issued a Provider Memo on June 8, 2018 informing Medicaid providers of the below requirements:

Effective December 1, 2018, IOP, PHP and RTS Medicaid providers shall ensure that Medicaid and FAMIS enrolled members with an Opioid Use Disorder (OUD) admitted to any of these programs have **access to evidence-based MAT, including buprenorphine**. This requirement is grounded in substantial evidence that has shown that MAT, when used for those recently discharged from institutional settings, is effective by sustaining recovery and reducing the likelihood of death by overdose, due to the loss of tolerance to opioids during treatment. **DMAS requires that discharge planning for these individuals shall document realistic plans for the continuity of MAT services with an in-network Medicaid provider.**

DMAS is requiring ARTS IOP, PHP and RTS providers to complete a survey via Survey Monkey to attest to meeting these requirements established in the June 8, 2018 Provider Memo. **This survey shall be completed by October 1, 2018.** The link to the survey is: <https://www.surveymonkey.com/r/G2VXTBP>

Removal of Prior Authorization and Preferred Products for Buprenorphine

Beginning October 1, 2018, DMAS will require all Managed Care Organizations (MCOs) to remove the prior authorization for preferred/formulary buprenorphine/naloxone drugs written by in-network (credentialed) buprenorphine waived providers (BWP) affiliated with a Preferred Office-Based Opioid Treatment (OBOT) **and** in-network (credentialed) BWPs when prescribed in dosages of 16 mg or less per day. In-network BWPs and Preferred OBOTs will be required to submit a prior authorization for daily dosages greater than 16 mg/day and non-preferred buprenorphine containing drugs.

A prior authorization is **required** for the buprenorphine mono-product when prescribed by in-network BWPs. The prior authorization for the buprenorphine mono-product **is waived from in-network BWPs affiliated with a Preferred OBOT** when prescribed in dosages of 16 mg or less per day. DMAS expects all providers to comply with the [Board of Medicine Regulations Governing Prescribing of Opioids and Buprenorphine](#) (click [here](#) for the Board of Medicine website). The Common Core Formulary (CCF) will be effective on December 1, 2018, for all members in the Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus Managed Care health plans as well as the Medicaid Fee-for-Service program. The CCF will include the following preferred/formulary opioid dependency drugs: Suboxone[®], buprenorphine SL tablets, naltrexone tablets, and Vivitrol[®].

The Medicaid Managed Care health plans will continue to assign members receiving treatment for OUD to in-network BWPs and preferentially to in-network Preferred OBOTs because of the comprehensive services including medication, counseling, and “high touch” care coordination that the Preferred OBOTs provide.

Nurse Practitioners

DMAS recognizes the recently updated Virginia Code §54.1-2957(I), that nurse practitioners who provide attestation to the Boards of Medicine and Nursing that they have completed the equivalent of at least five years of full time clinical experience, may practice without a practice agreement with a patient care team physician. Nurse Practitioners must contact the Medicaid Managed Care health plans directly regarding any updates to their contract as necessary.

Buprenorphine Waiver Trainings

DMAS, the Virginia Department of Health, and the American Society of Addiction Medicine (ASAM) are collaborating to offer a virtual "live" course that will cover all medications and treatments for OUD. This course provides the required education needed to obtain the waiver to prescribe buprenorphine.

This course is available for physicians, nurse practitioners, and physician assistants interested in seeking their waiver to prescribe buprenorphine in the treatment of OUD. This online session will deliver the required live portion of the total training hours. Participants will receive a link to complete an additional 4 hours of training online after the live training. Following the training, participants who have successfully completed their required training hours (8-hour course for physicians and 24 hours for nurse practitioners and physician assistants) may apply to the Substance Abuse and Mental Health Services Administration (SAMHSA) to obtain their buprenorphine waiver.

The registration links are available here: <http://www.dmas.virginia.gov/#/artstraining>. You will receive an email confirmation once you have registered. Following this confirmation email from ASAM, you will receive an email from DMAS with the link for the live training.

Please see the dates for the remainder scheduled trainings below:

October 19, 2018	11 a.m.-3:00 p.m.
November 2, 2018	11 a.m.-3:00 p.m.

If you have any questions concerning the relevant DMAS policy cited in this memorandum, please contact the SUD email address at SUD@dmas.virginia.gov.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans can be found on the DMAS website for each program as follows:

- Medallion 4.0:
<http://www.dmas.virginia.gov/#/med4>
- Commonwealth Coordinated Care Plus (CCC Plus):
<http://www.dmas.virginia.gov/#/cccplus>
- Program of All-Inclusive Care for the Elderly (PACE)
<http://www.dmas.virginia.gov/#/longtermprograms>

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: <http://www.dmas.virginia.gov/#/cccplus>

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except

holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <https://providerportal.kepro.com/Account/Login.aspx?ReturnUrl=%2f>

HELPLINE

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is <http://www.dmas.virginia.gov/#/appealsresources> and the form can be accessed from there by clicking on, "Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that is unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>
